

CERTIFICATION FOR REDUCED COURSE LOAD FOR STUDENTS IN THE F-1 AND J-1 IMMIGRATION CLASSIFICATION

Student: Please fill in your name, NUID and SEVIS Number (number on the top right hand corner of your I-20 above the bar code), and mark the semester and year that you are requesting certification and give this form to your faculty/academic advisor. This form must be completed **AND APPROVED** prior to being enrolled less than full time. Your SEVIS (Immigration) record may be terminated for failure to enroll if you are not enrolled full-time at UNL during the fall and spring semesters. You will receive an automated e-mail from iss@unl.edu when you have been approved.

Academic/Faculty Advisor: The student listed on this form is requesting to be enrolled for less than full time. Please review the notes below and certify on page 2 that that the student meets one of the eligibility requirements. Please return this form in a sealed envelope to: International Student and Scholar Services, ATTN: RCL Form, 420 University Terrace, CC - 0682.

Notes: The U.S. Department of Homeland Security (USDHS) requires all international students who are in the F-1 or J-1 immigration classification to be enrolled in a “full course of study” or to be approved for a reduced course load to maintain their lawful immigration status in the United States.

A “full course of study” at the University of Nebraska – Lincoln is defined by immigration regulations to be:

Graduate Students:	a minimum of 9 credit hours
Undergraduate Students:	a minimum of 12 credit hours
Intensive English Program Students:	a minimum of 18 clock hours of attendance per week

Exceptions to the “full course of study” rule as set forth in the immigration regulations are:

- Academic Difficulties: Limited to one of the reasons once per degree/program level
- Concurrent enrollment: Must be enrolled at the other institution for the entire duration of the UNL semester. Please attach proof of registration at the other institution.
- Master’s Thesis or Doctoral Dissertation: Must be certified as a full-time student by Graduate Studies prior to approval from International Affairs. Must be enrolled for at least one credit hour. This certification can be requested at: <http://research.unl.edu/gradstudies/fulltime/>
- Final Semester: This reason should be used only when the student will be completing their entire program of study (including completion of thesis or dissertation)
- Medical reasons: The academic/faculty advisor does not need to sign for a medical reason. Only a physician (M.D.), Doctor of Osteopathy (D.O.) or a licensed Clinical Psychologist (please include license number) may sign for medical reasons.

(To be completed by student)

Name _____ NUID _____ N _____ SEVIS Number _____

Semester (Fall, Spring or Summer and Year): _____

Immigration regulations allow for the following exceptions to the "full course of study" requirement:
(To be completed by academic/faculty advisor)

- Academic Difficulties
 - Student is in first semester and is having difficulties with the English language or reading requirements
 - Student is unfamiliar with American teaching methods
 - Student was placed at an improper course level
- Student is registered for coursework at another institution that fulfills UNL degree requirements and which, combined with coursework at UNL, comprises a full course of study.
- Student is working full-time on master's thesis, is registered for a least one credit hour and has been certified by Graduate Studies as a full-time student. **Please attach a copy of the Graduate Studies authorization.**
- Student is a doctoral candidate, is working full-time on doctoral dissertation, is registered for at least one credit hour and has been certified by Graduate Studies as a full-time student. **Please attach a copy of the Graduate Studies authorization.**
- Student is in final semester and needs fewer hours to complete program of study.

Academic/Faculty Advisor's Signature _____ Date _____

Academic Advisor's e-mail _____ Phone _____ Department _____

To be completed by physician, doctor of osteopathy or licensed clinical psychologist

- Medical reasons: I certify that this student is compelled by illness or other medical condition to:
 - Interrupt
 - Reduce the course of study Recommended number of hours of study: _____

Treating Physician, Doctor of Osteopathy or Licensed Clinical Psychologist Signature _____

Clinic _____ Address _____ Phone _____

